

## PRO'S EMTS 2005

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Cambridge EMS  
call of the  
Month

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National Disaster  
Relief Fund

Donate to the  
American Red  
Cross

[www.redcross.org](http://www.redcross.org)



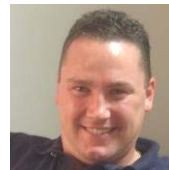
Devon Abbott  
Anna Capezzeria  
Nora Carr



Adam Debrigard  
Steve Dinis  
Jake Doyle  
Nathan Dubreuil



Chris Germain  
Derek Hirons  
Lauren Johnson  
Joseph Killion



Jeffrey Knaak  
Joe Lucchetti  
Crispin McCay  
Jamie McCabe



Patrick McIntyre  
Nicholas Menard  
Blake Montequin



Robert Paige  
Andrew Sadowski  
Jennifer Salisbury



Alexei Wagner

Please share with us any congratulations or  
condolences to be announced.

## PRO EMS Editors



Brian Kelley, EMTP, Director of CQI has been providing the material for the "Cambridge EMS call of the Month" article to Inside PRO EMS and now is the editor, Thanks Brian...

And we welcome drawings from Jeff Knaak, EMT...

DD Deurell, EMTP, Director of Staff Development

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Jeff Knaak, EMT/Dispatcher, Field Training Officer

# PRO EMS EDITORS

Anyone interested in becoming a PRO EMS editor, please email DD at [dd@proems.com](mailto:dd@proems.com)

## MOUNT AUBURN HOSPITAL "SPOTLIGHT" by Bob Pettus



**Kerrie Wallace RN, Assistant Nurse Manager**  
**Mount Auburn Hospital E.D.**

Recently we caught up with Kerrie Wallace RN, Assistant Nurse Manager at The Mount Auburn Hospital Emergency Department. Kerrie graduated from Quinsigamond Community College School of Nursing in Worcester Massachusetts in 1999. The bulk of her career has been spent working in the Worcester area. Kerrie spent five years at The University of Massachusetts Medical Center working in the Emergency Department and The Surgical Intensive Care Unit. During that period she also worked per diem shifts in the Pediatric Intensive Care Unit. Prior to joining the team at "the Mount" Kerrie worked as a Flight Nurse in upstate New York for Life Net of New York.

In May of this year Kerrie assumed the role of Assistant Nurse Manager In the Emergency Department at The Mt. Auburn Hospital. Kerrie finds the staff at Mt. Auburn to be a "very motivated and caring group".

Kerrie Wallace is a native of the Worcester area and currently resides in Oxford.

When asked about her experiences with Pro she states, "I have had very positive interactions with the Pro Staff. I have found them to be professional, courteous and clinically sound." When asked about what may make our relationship even stronger she says, "I think the only thing that can improve or maintain a positive working relationship between EMS and ED staff is open communication. The field we work in is often high stressed and fast paced and we need to try to remember to be good to each other."

The folks here at Inside PROEMS think that's a great idea. The next time you see Kerrie Wallace RN introduce yourself and share a smile.



MOUNT AUBURN  
HOSPITAL



## CAMBRIDGE HOSPITAL "SPOTLIGHT" by Bob Pettus



**Patti Duggan, Clinical Leader**  
**Cambridge Hospital E.D.**

Patti graduated from the Fitchburg State College in 1985 with a degree in nursing. She has worked at the Cambridge Hospital since 2004 as a staff nurse in the emergency department. In January 2005 she was appointed as Clinical Leader in the ED.

Patti's twenty plus years of service started at the Mt. Auburn Hospital Emergency Department where she began her career in Emergency Nursing. She left that position after ten years to pursue a Masters Degree in Forensics. Upon receiving that degree Patti was hired by The Cambridge Police Department and worked in The Sexual Assault / Domestic Violence Unit performing victim outreach and education.

With experience and education under her belt Patti moved to the Department of Public Health and Coordinated the Boston Region of The Sexual Assault Nurse Examiner Program (S.A.N.E.)

Patti currently resides in Cambridge. When asked for comments on Pro Patti says one word "fabulous".

Patti Duggan is one of those friendly and approachable faces on The Cambridge Hospital Team. The next time you see Patti say hello and shake a hand.





**Cambridge Fire Squad "SPOTLIGHT" by Mike Travers Sr**



**FF Jay Martel, EMT**  
**Squad 2**



This edition of Inside PROEMS we focus the Fire Department Spotlight towards Jay Martell, Firefighter/Paramedic, Squad 2. Jay is new to our system and comes equipped with experience from working at Cataldo Ambulance since 1997 as both a Basic and Advanced EMT. He has prior Fire Department experience from The Ware Massachusetts Fire Department where he spent a year and a half and an additional three and a half years with the Lawrence, Massachusetts F.D.

When asked what he likes most about his present position Jay says, "It's the best of both worlds. Being assigned to a Squad means we are dispatched to most significant incidents and that keeps work interesting. Being able to do EMS work as well as firefighting and other types of Rescue work is satisfying."

Jay attended paramedic school at Safety Program Consultants Inc. in Taunton Ma. And is a graduate of The Massachusetts Firefighting Academy.

Jay resides on the North Shore where he has spent most of his life between Plum Island, Ipswich and currently Danvers.

Jay likes to play ice hockey and holds down the position of goal keeper.

When asked about the Cambridge EMS System Jay says "it's an innovative way to deliver services and getting out to the public to provide care." When asked about anything needed to improve the relationship between Pro and Fire, Jay says, "Everyone needs to remember it's a team concept, it would be great if we could interact away from emergency calls like training together or attending M&M Rounds."

So, when you run into Jay Martell Firefighter/Paramedic Squad 2, shake his hand share a smile.



## Emergency Communications Center "Spotlight" by Jenn Salisbury



STEVE GAGALIS

Emergency Communication Center

Steve Gagalis is a 911 dispatcher for Cambridge Emergency Communications Center located above Cambridge Fire Head Quarters. He has served in his current position for 20 years. Prior to that he was also a dispatcher for Arlington Fire Alarm.

Steve is also currently working for Anderson/Bryant funeral home.

I asked Steve what he enjoyed most about working at ECC and he told me he really enjoys working with the Cambridge Fire Department.

Steve grew up in Somerville Mass and now resides in Winchester.

His favorite past time is the one and only GOLF!

While talking with Steve I asked him what he thoughts were on Pro Employees and he told me we are all a great group of people and he wouldn't change a thing about us! Thanks for the compliment Steve.

Steve has been part of the Cambridge EMS system for many years and although we rarely get to see the faces of ECC if you happen to run into Steve or any of the ECC Dispatchers please give a big hello they are a big part of the Cambridge EMS success.

Thank you for your time Steve and I wish you many more years of success



**Professional Ambulance “SPOTLIGHT” by Jenn Salisbury**



**Devon Abbott, EMT**

‘Devon’ Abbott has worked in EMS for four years. Her career began in Colorado working for The Lower Blue Fire Department in a volunteer capacity in the fall of 2002.

Devon has worked for PRO EMS for approximately 2 years now. She is currently attending paramedic school at Northeast EMS Training in Wakefield.

Devon grew up in Breckenridge, Colorado in the heart of the Rocky Mountains. She describes her hometown as “little redneck town”.

When asked what she liked most about working for PRO she responds, “I enjoy meeting new people and learning something new everyday”. She goes on to say, “I enjoy comforting people and being able to make them feel a little better. Whether it is in an emergency situation or a basic transfer”.

Devon’s hobbies include snowboarding, hiking, climbing and looking for fun places to do the same.

Devon is a solid contributor on the PRO EMS Team. She carries a full time schedule while attending Medic School, not an easy task! Give Devon a big hello when you see her.

Thank you for your time and all your hard work, and many more years of success.



**Emergency Advisory****TO:** All Massachusetts Ambulance Services**FROM:** Jon Burstein, MD, State EMS Medical Director

Louise Goyette, Director

**DATE:** August 8, 2005**RE:** Protocol Changes

This is to notify you that as of June 10, 2005, the following three (3) emergency protocol changes, reviewed and approved by the Medical Services Committee, have been implemented by order of the State EMS Medical Director, to take effect immediately.

**Item 1.** Patients presenting with 12-lead ECG findings of ST elevation AND cardiogenic shock or CHF (defined as crackles on lung exam), or those patients with ST elevation AND contraindications to thrombolysis may bypass the closest facility and continue to the closest facility with PCI capability, in conjunction with contacting medical control; this will be considered within the EMTs scope of practice and shall not be penalized by the department. Those patients presenting without such findings shall still be transported to the nearest appropriate facility until a more formal cardiac POE plan is implemented.

**Item 2.** For pediatric patients, age **1-8 years** old, for whom AED use is called for in the protocols, if a pediatric AED is not available, it will be acceptable to use an adult AED. No modification to the AED machine, its pads or the protocol need occur when using the adult AED on a child. It is considered preferable however, to have appropriate pediatric equipment.

**Item 3.** Lorazepam has been changed from a medical control option to a standing order medication for adult and pediatric seizures, in protocols 3.9 and 5.7, and as an alternative to diazepam. Dosing has not changed. Please refer to each protocol for appropriate dose.

**Please address all questions to m. Thomas Quail, RN, Clinical Coordinator, Office of EMS @ 617-753-7318.**

**Jonathan Burstein, MD, FACEP**

**Medical Director**

**Office of Emergency Medical Services**

**Massachusetts Department of Public Health**





MOUNT AUBURN  
HOSPITAL

## Mount Auburn Hospital Employee Assistant Program



EAP Staff

**Confidential**

Greetings!

The holiday season offers the opportunity to bring families together—to enjoy rich traditions that can be passed from one generation to the next. Older family members can provide a valuable link to the past by telling the story of shared family history—but many people face memory problems as they age. Let us help you maintain and enhance communication with older relatives through helpful tools and informational articles. On your EAP web site, click on the *Family and Caregiving* section—Older Adults to visit resource links that can point you toward activities and interview questions to help document your precious family history. Listen to audio tips that describe a variety of conditions that can lead to memory loss. Read articles on communicating with older adults, about even the most difficult topics. Let us help you bring the generations together.

Call us at 1-800-888-5105 to speak with one of our Care Consultants who can help you locate the resources you need to care for your older relatives.

Also, you can register for the webinar "Treasure the Moments: Enjoying your older Relatives" on November 15th from 1 to 2 p.m. EST. This webinar will explore the aging process, its impact on memory and strategies to boost and retain the memories of an older adult. Reminiscence activities that help to strengthen intergenerational bonds and practical ways to record your family history will be discussed. Let us help you celebrate your older relatives and the time you have with them. You can register going to [www.mountauburneap.org](http://www.mountauburneap.org), click on *Work/Life Resources*, click on *Wellness Web Site*, log in using your company's pass code, and register using the link on the right side on the web site under "Events".



777 Concord Avenue, Suite 301 Cambridge, MA  
02138

Phone: 617-868-4489 or 1-800-888-5105

## Cambridge Health Alliance



### **“Patient Focus”** by Jeff Nussabaum, Marketing and Business Development: Cambridge Health Alliance

Patient X, a 78 year old woman, recently presented to the ER at The Cambridge Hospital. She came with severe right sided abdominal pain for 4 days and an infection count that was 21,000. She assumed it was diverticulitis, because she had similar episodes of right middle and lower quadrant pain in the past, which were diagnosed as diverticulitis and managed as an outpatient. However, when the pain continued to worsen, she was brought to the Cambridge ER.

The ER physician, suspicious for acute cholecystitis, immediately ordered a right upper quadrant ultrasound. When the results came back, the ED staff were concerned. The ultrasound showed an inflamed gallbladder with 2 large stones and also a thickened wall of 1cm and a soft-tissue mass in the neck of the gallbladder that was suspicious for a malignancy. The general surgery service was consulted immediately.

The surgery attending that evening was Dr. Tanuja Damani, a new full-time surgeon at CHA who has specialty training in minimally invasive surgery. She examined the patient and reviewed the ultrasound.

Dr. Damani noted that the patient had a distended gallbladder that was palpable from the right upper quadrant all the way down to right lower quadrant. It appeared that the episodes of biliary colic were misdiagnosed as diverticulitis in the past due to the location of the gallbladder. She ordered a CT scan of the abdomen and pelvis to see if there was any evidence of a malignancy, such as large lymph nodes in the porta hepatis or calcification of the gallbladder wall, known as porcelain gallbladder, a finding highly suspicious for gallbladder cancer. The CT showed the same findings as the ultrasound.

After a lengthy discussion with the patient and family, preparing them for the worst (an unresectable gallbladder cancer), but hoping for the best (severe acute cholecystitis), Dr. Damani took the patient to the OR. The patient and family had also been prepared well by Dr. Robert Janett, their trusted family physician.

Dr. Damani planned on starting the case with diagnostic laparoscopy through a 10 mm hole - the most sensitive way of detecting metastatic disease. If she had found evidence of a malignancy that was unresectable, she would have aborted the procedure after a biopsy of the mass, saving the patient a large incision. Thankfully, the patient did not have any evidence of a malignancy.

At this point, Dr. Damani proceeded to perform a laparoscopic cholecystectomy, a challenge since the gallbladder was extremely inflamed, distended and redundant, extending down to right lower quadrant, with a leather-like wall.

Here, most surgeons would have converted to an open operation, but Dr. Damani chose to finish the case laparoscopically, considering the morbidity that a big open incision would have. Since the patient was also obese, an open incision would increase her risk of wound infection, would keep her in the hospital for about 5 days, would cause significantly more pain, and would leave a sizable scar.

The operation, though long, was completed successfully laparoscopically and the pathology on the gallbladder was gangrenous, acute cholecystitis - no cancer.

We are pleased to report that this patient recovered remarkably well, thanks to the minimally invasive expertise now available at CHA. As of October 2005, Cambridge Health Alliance now has two highly trained Laparoscopic surgeons - Dr. Tanuja Damani and Dr. Erika Fellinger, with a third scheduled to start in November. These surgeons will provide coverage at Cambridge, Somerville, and Whidden Hospital. CHA has also added Dr. Ketan Sheth, a full-time hepatobiliary surgeon with laparoscopic skills.



## Mount Auburn Hospital, Ways to give...

### Blood Donation Services

Your blood donation could save someone's life. Donors are needed on a daily basis to help thousands of patients. A single donation can help up to three patients. The need for blood consistently exceeds the available supply, so you can be assured that your blood donation is vital.

Mount Auburn Hospital's Blood Donor Program is a great asset to the community. Through voluntary blood donation, the blood that you give directly benefits the patients at Mount Auburn who are members of your community. In addition to general blood donations, you can donate blood for your own surgery or to replace blood that was utilized during a patient's stay in our hospital.

Our Autologous Blood Donor Program offers you the opportunity to donate your own blood for use during your surgery. Autologous transfusion is considered the safest method of blood donation, since receiving your own blood minimizes the risk of adverse reactions. This process involves depositing one or more pints of your own blood, one to four weeks in advance of your scheduled surgery. Remember, at least three business days are needed to process the blood prior to transfusion. Our Replacement Blood Donation Program allows family and friends to make donations to replace blood utilized during your surgery.

### Frequently Asked Questions

Q. Who can donate blood?

A. To be eligible to donate, you must

- Be in good health
- Be at least 17 years old
- Weigh a minimum of 110 pounds
- Have not had a tattoo or body piercing within the past 12 months
- Not be pregnant or nursing
- Have not had major dental work within the past 3 days
- Have not traveled to an area with known malaria risk in the past year
- Have not spent time that adds up to 3 or more months in the United Kingdom between 1980 and 1996; or spent time that adds up to 5 or more years in Europe from 1980 to the present
- Meet all other requirements

Q. How do I prepare for the donation?

A. Eat your regular meals. You should not donate blood on an empty stomach. Bring photo identification, a list of any medications you take and your reading glasses.

Q. What happens when I donate blood?

A. There are 4 basic steps in the blood donation process which together take between 30 and 45 minutes.

**Step 1:** Registration. You will receive information about donating blood and a registration form for completion.

**Step 2:** Medical History. A medical screener will ask you about your health history in a private interview area, and a mini physical will be performed that includes blood pressure, temperature and blood count measurement.

**Step 3:** Donation. You will be asked to sit in a reclining chair. Your arm will be sterilized with a swab and a sterile needle inserted into a vein. You will only feel a small pinch when the needle is inserted. The donation process rarely takes more than 10 minutes and the quantity of blood taken is about 1 pint.

**Step 4:** Refreshments. You will be invited to sit and enjoy refreshments. Most donors are able to resume their usual activities immediately. You are advised not to engage in strenuous activities for 24 hours after your donation.

Q. Is donating blood safe?

A. Completely! Sterile, single-use and disposable equipment is used for each donation and then safely discarded. It is not possible to acquire any disease from donating blood.

Q. How often can I donate?

A. You may donate every 56 days, up to 6 times a year. Platelets can be donated through our apheresis program up to 24 times a year.

### Blood Donor Program

Wyman Building, Ground Floor

Mount Auburn Hospital

330 Mount Auburn Street

Cambridge, MA 02138

Phone: 617-499-5735

Fax: 617-441-1618

Email: [cclarke@mah.harvard.edu](mailto:cclarke@mah.harvard.edu)



## We want to Thank those who deployed to Texas to help with the relief for Hurricane Rita

Joe Lucchetti, Patrick McIntyre, Barry Morse, Chris Germain, Brian Kelley, Brendan McCorkle, Michael Travers Sr and DD

"Go Red Sox". Team 1 with MA DEMAT TEAM



Justin and Joe, Palestine, TX



Sr sleeping at Livingston Hospital



Amb 3 broken, Texans stop to help and provide water.



Team 1 with Groveton Fire



Reliant sleeping quarters.



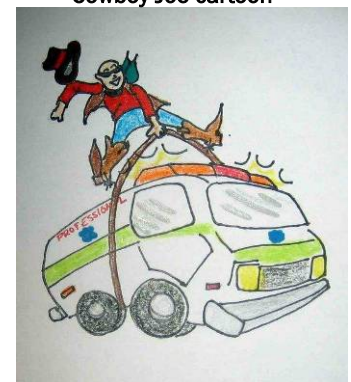
Tall Paul cartoon



Team 2



Cowboy Joe cartoon



## Congratulations to the following for receiving Region IV Awards:

Larry Stone, EMT: EMS Leader of the Year

Eileen Munyon, RN: Nurse of the Year

Lt Michael Travers Sr, EMTP :EMS Educator of the Year

DD Deurell, EMTP: Supervisor of the Year.





Rescue Drill Co. by Lt Michael Travers, EMTP

## Communication on Scene

In our system we are fortunate to enjoy a large compliment of responders with various levels of training and certification. The system in which we work is considered a tiered system which almost always guarantees that a professional rescuer is dispatched and at the patients side in a matter of minutes. For those who may not be familiar with the term ' tiered system' in EMS it is the use of first response engine company personnel from the firehouse located in the neighborhood of the emergency. This neighborhood fire company is staffed with first responders, EMTs and sometimes Paramedics and equipped with a complement of First Response EMS equipment including oxygen and SAED. The proximity to the call location makes this unit an invaluable resource when time matters.

Another component of our tiered system would be the Squads and the Rescue Company. Each of those units is staffed by a minimum of one paramedic usually two. When staffed by one Paramedic the "partner" will be an experienced Basic EMT trained to the Paramedic Assist Level. These units strategically located; uptown, downtown and midtown are dispatched along with the other responders to provide ALS interventions along with the Paramedic/ Basic transporting unit.

That brings us to that transporting unit, the P/B unit from Professional Ambulance staffed by personnel at the Medic and Basic level who have been specially trained and cleared to work in our unique system. These units are dispatched along with the units mentioned above to top off the tiered system response.

Sounds great! Lots of help, lots of trained personnel to quickly make patient contact and get patient care started. You may even say that our system is a good system to get sick in and maybe it is! But, sometimes when all those people and all those agencies fail to communicate with one another redundancy takes over. From a patient's perspective and from the perspective of family members we may even look silly and unprofessional. Consider the following dialogue;

Dispatch> Engine 10, Squad 5 and Paramedic 9 respond to 102 10<sup>th</sup> avenue for a 60 year old male with chest pains.

***Because of the close proximity of the first response engine it arrives on scene first and makes patient contact.***

First Responder E-10..." Hi sir what seems to be the problem?"..

Patient "I'm having chest pain and a little trouble breathing"

First Responder E-10..."How long have you had this chest pain?"

Patient " Since I got up this morning."

First Responder E-10..." What were you doing when the chest pain started?"

Patient " I had gotten out of bed and sat down to eat breakfast?"

First Responder E-10..."Do you take any medications on a regular basis?"

Patient "I take Protonix, Nitro and Lasix, I had a heart attack in 2002 and I am allergic to Morphine.

***Suddenly the bell rings and in walks the Members of Squad 5.***

Paramedic Squad 5..." Hi sir what seems to be the problem?"..

Patient "I'm having chest pain and a little trouble breathing."

Paramedic Squad 5..."How long have you had this chest pain?"

Patient " Since I got up this morning."

Paramedic Squad 5..." What were you doing when the chest pain started?"

Patient " I had gotten out of bed and sat down to eat breakfast?"

Paramedic Squad 5 "Do you take any medications on a regular basis?"

Patient "I take Protonix, Nitro and Lasix. I had a heart attack in 2002 and I am allergic to Morphine.

## Rescue Co. Drill *continued*

*DING DONG the bell rings and in walks the crew from P-9*

*Very little info is offered by any of the units on scene and the medic from P-9 approaches the patients and begins an assessment.*

P-9 ... "Hi sir what seems to be the problem?"..

Patient "I'm having chest pain and a little trouble breathing"

P-9..."How long have you had this chest pain?"

Patient "Since I got up this morning."

P-9..."What were you doing when the chest pain started?"

Patient "I had gotten out of bed and sat down to eat breakfast?"

P-9..."Do you take any medications on a regular basis?"

Patient "I take Protonix, Nitro and Lasix, I had a heart attack in 2002 and I am allergic to Morphine.

Does anyone feel like sticking a ballpoint pen in his or her eye yet? Sadly this scenario is played out in the pre-hospital setting time and time again. I hear over and over from all levels of providers and all agencies that the on scene people either offered no information or the newly arriving agency ignored the information offered by those on scene and asked all the same questions again. Sometimes we can carry this redundancy even further. Have you ever brought a patient like this to an emergency department and had a nurse actually begin the same assessment over again while ignoring your attempts to give a report?

Communication is not all about radios. It's about speaking to each other and listening attentively. When those units on scene offer no information they should be encouraged to do so. When EMS professionals arrive second or third to a scene they should first turn towards the on scene caregivers for an update on the patients condition, before starting all over again and not only frustrating the patient and the patients' family but everyone else on scene involved with patient care.

In the scenario above the on scene caregivers should be somewhat prepared and be able to greet the Squad or Paramedic crews and give the patients' "story".

Maybe it could go something like;

..."Hi. This is John and he's 60 years old. He has been experiencing chest pain since 7am when he sat down to breakfast. He had chest pain once before and it turned out to be a heart attack in 2002. He takes Protonix, Nitro and Lasix, he is allergic to Morphine bla bla bla bla bla "...and so on. The next level of care can take what info they could get from the first responders and can continue their assessment without unnecessary repetition. Thus saving the patient frustration, speeding the delivery of care and looking more professional. Call it fine-tuning if you will, but a little communication goes a long way



**Communication  
is not all about  
radios.**

11.01.05  
Dear Michael & Ron —  
Thank you both for taking  
care of me last night and  
for being so thoughtful during  
my nut allergy crisis.  
Needless to say I'll be  
avoiding suspicious salads for  
the rest of my life.  
Thanks again ☺ Take care,  
Sandy

**Thank you note for Paramedics**

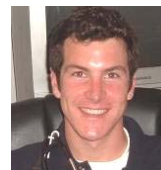
**Ron Estanislao and Michael Gill**

**from Sandy**

**Nice job guys!**



Ron Estanislao, EMT-P



Michael Gill, EMT-P

## Cambridge EMS call of the Month by Brian Kelley



Prior to EMS arrival, CPR was performed by the patient's wife (ER nurse).

On October 12, 2005 Paramedic 2 was dispatched with Engine Co. 5 for an unconscious patient. On arrival Bob Pettus EMT-P, Devon Abbott EMT and Jeff Knaak EMT acting as a Paramedic student found a 62 year old male supine on the ground with CPR being performed by Engine Co. 5.

The cardiac monitor was applied for a "quick look", the patient was found to be in ventricular fibrillation. A series of "stacked" shocks was delivered to the patient at 200, 300 and 360 joules respectively. A positive rhythm change was observed as the monitor now showed Pulseless Electrical Activity (PEA). CPR was resumed with Bag Valve Mask ventilation and an OPA was placed and IV access attained. The patients' rhythm changes again back into V-Fib. Again defibrillation was performed at 360 joules and the rhythm now showed a Sinus Bradycardia with palpable pulses. This patients' airway was secured with a # 9.0 Endo Tracheal Tube and placement confirmed with positive breath sounds confirmed and positive End Tidal CO2 findings.

Again the patients' rhythm changed to a Supra Ventricular Tachycardia at over 200 bpm with multifocal PVCs. A bolus of Lidocaine was administered and the rhythm changed again to sinus tachycardia and finally to a normal sinus rhythm with a return of spontaneous respirations. Patient care was transferred to The Cambridge Hospital staff without change or further complications. A classic example of ACLS practiced at it's best and a great job for PRO personnel; Bob Pettus, EMTP, Devon Abbott, EMT, Jeff Knaak, EMT (Paramedic student), CFD Squad 2 personnel; Brian Casey, EMTP, Jeff McGourty, EMTP and the crew of Engine Co. 5 CFD.

**Patient received a cardiac catheterization and Stent at the Mt Auburn Hospital and was discharged several days later...Talk about good team work!!!**

**Cardiac Arrest Save**

**2005**

**GREAT JOB EMS!!!!**



All Field Staff,

Recently Chris Germain and Lauren Johnson transported a patient from TCH to her residence.

On arrival at her apartment, Chris and Lauren recognized how hot her apartment was and determined that she did not even have a working fan. Chris and Lauren called me at dispatch asking what we could do for her and that he had remembered we had fans back at the base. Chris and Lauren returned to base, picked up a fan, and delivered to the patient's home.

Fans are stored at the base for this very purpose through our program with the City of Cambridge Council on Aging, HEAT (Heat Emergency Assistance and Transportation). Anyone who runs into a situation like this please notify dispatch and we will be more than willing to help out.

Great work Chris and Lauren (both EMTs) for a job well done.

Jenn Salisbury,

Communications Supervisor



### Pro EMS-Where are they now?

Ron Richard, of Cambridge Emergency Communications, was recently teaching a fire dispatcher class in Ridgway, Pennsylvania, located about 90 miles north of Pittsburgh. A student in class was **Kurt Hughes**, a former Professional employee.

Since Kurt left Pro he has lived in Vermont for two years and now resides in Ridgway. He is now working as a dispatcher for a combined county dispatch center that covers Elk and Cameron counties, an area that covers about 75 sq. miles. He has recently completed his EMD, police and fire dispatch training.

His fondest memories is of the guy always walking around the garage saying "amen, brother- Amen!"



Send a picture of your pet (s) and tell us about them,

email to [dd@proems.com](mailto:dd@proems.com)

Check out DD's new Nephew!

**Rusty Deurell:**

**As DD's bro writes,**

As for the little guy (one of my favorite topics)... He is a Greater Swiss Mountain dog and is 9 weeks old and weighs 25lb. He will eventually be about 140lb. We got him from a breeder in Home, PA called Cornman Acres. Shideh (Bro's wife) says she likes his soft ears and that he likes to cuddle. One of his favorite things is to drink water so much so that he will pretend that he is drinking water in his sleep. One other things that is unique to his breed is that he hates to have things out of place. For instance, we had an empty soda bottle on the ground instead of in the trash and he started growling and barking at it until we took care of it.



Since the newsletter was put off during our deployment to provide relief for Hurricane Rita, some updated was needed since

August ...well,

LOOK at Rusty NOW!!!!

Rusty and DD's Sister-N-Law Shideh Deurell (Rusty's mom)...



Larry Stone's brother, Norman has a pet "Turkey"...

His name is Larry and he is 3 months old. A few of us at PRO witnessed Norman calling Larry over and seeing him jumped on his lap on command. Okay, we honestly have to say this is one smart Turkey.

He has 2 siblings at home who live in the backyard and will only be pets...no dinner there.

*I don't have an updated picture of Larry...*



## Supervisors Corner/ Reminders

**Please clean the inside of your ambulance before and after your shift**



### ***Birthdays:***

Albert Swanson 11/17

Andrew Sadowski 11/19

Chris Germain 11/22

Robert Paige 12/8

Rachid Sbay 12/13

Greg Carter 12/20

### **Meet and Greet**

#### **New Employees**

**Brendan Mccorkle, EMT**

Somerville, Ma

**Jake Doyle, EMT**

Quincy, Ma

**Michael Gill, EMT**

Somerville, Ma

**Anna Capezera, EMT,**

Somerville, Ma

**Nathan Dubreuil, EMT**

Southbridge, Ma



### **Announcements**

FTO Rachid Sbay, EMT has bought and moved into his new home in Melrose, MA with his fiancé, Katie. It is unknown when they will get married.

Congratulations Rachid and Katie...

**Hey, when is the house warming party???**





## Training Calendar

# November 2005

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9 SMEMS Rounds/OB	10	11	12
13	14	15 PA w/CFD	16	17 PA w/CFD	18	19
20	21 Basic MCI 1600	22	23	24 Trauma assessment 1600	25	26
27	28	29	30			

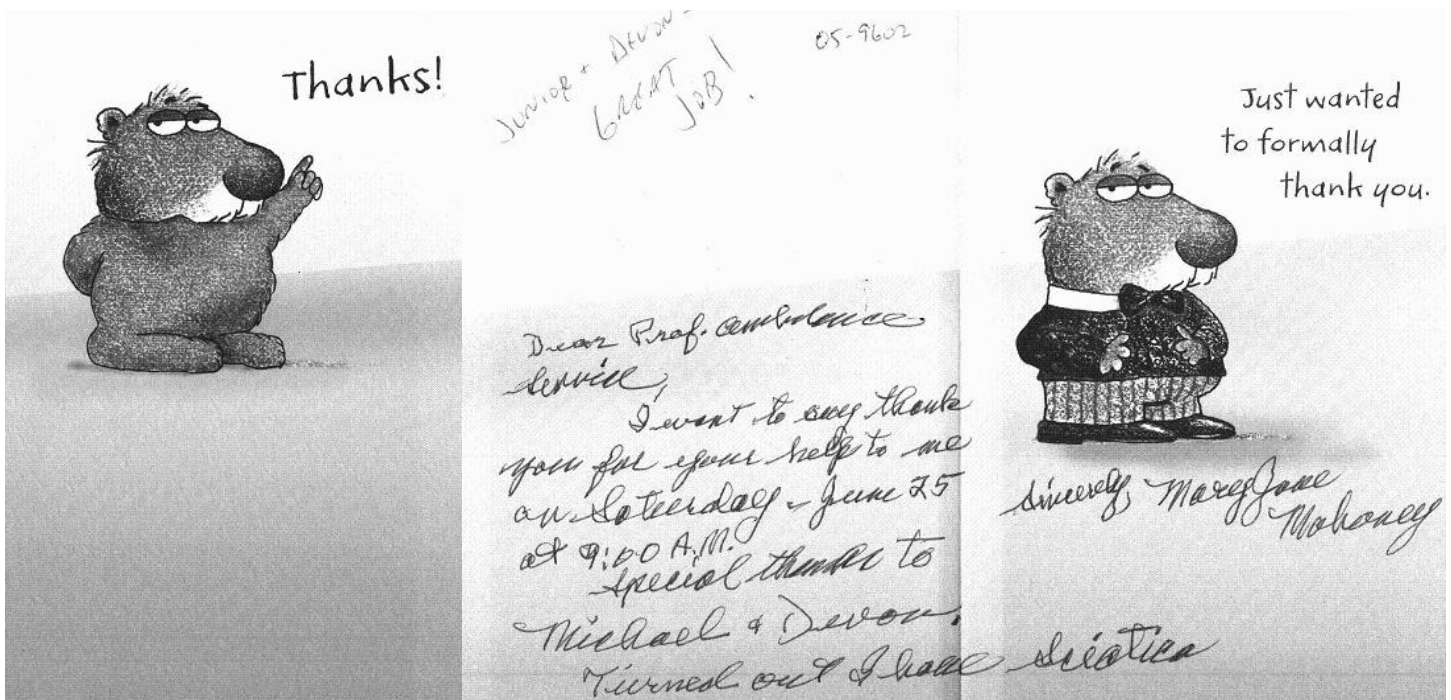
**Paramedic Assistant Program: (approved by OEMS DPH for 7 hrs of Continue ed credits)**

Paramedics Lt. Mike Travers Sr, DD Deurell, Mike Travers Jr, Mike Hourihan, Joel Jacobson, Sean Williams, Chris Haynes, Pedro Gonzalez, Raymond Vaillancourt, Brian Kelley, Jay Starzynski and Barry Morse all assisted with training with weeks long class Paramedic Assistant Program. Many of the EMTs from PRO and CFD now can assist with securing the ET tube, Suctioning ET tube under the direction of a paramedic, secure IV set up, take blood sugar readings with the glucometer, assemble nebulizers, apply the 12 leads and Quik combo defib/pacing pads.

We want to thank Captain Persson for organizing the CFD companies to attend the training, the paramedics who assisted with the training and some of the experienced rescue EMTs for sharing what they have learned over the years.



## Compliments...



Mike Travers, Jr, EMT-P



Devon Abbott, EMT

## Very impressive...

On July 19, 2005 P-1 was dispatched to The Harvard Square T Station at 1536 hours for a reported male complaining of chest pain on a train. On arrival P-1, Engine 1 and Rescue 1 found a conscious 79-year-old male seated on the train complaining of a syncopal episode prior to EMS arrival. The patient stated that he had to spend a long time on the subway without air conditioning and may have passed out. Witnesses confirmed a brief period of syncope. On further assessment this patient was found to be pale, hot and moist, awake and alert, and normotensive. The cardiac monitor was applied and revealed a sinus rhythm without ectopy. The patient stated the 'the heat got to me'. The patient denied chest pain or discomfort, shortness of breathe, headache, nausea or vomiting or dizziness. The patient had suffered no apparent trauma. After assessment the patient was extricated via stretcher, an intravenous was placed and normal saline administered at a kvo rate. A blood sugar analysis revealed to be within normal limits. The patient was transported to The Cambridge Hospital without change.

In the days following this call an e-mail was received by Bill Mergandahl CEO PROEMS. The e-mail was from Louise Goyette Director of The Massachusetts Department of Public Health, Office of Emergency Medical Services. Louise had "on sighted" this medical emergency and took the time to write Merg to share her observations and to offer glowing praise for the units involved. Louise Goyette had actually convinced the MBTA personnel to summon EMS for the patient. To quote from her e-mail; "This was a picture perfect EMS response. I was fortunate to have been part of it." She continues, "EMS folks arrived and did what they do best. This was probably the 19<sup>th</sup> heat exhaustion patient they had seen that day, yet your folks were ALL on target medically, did all the right stuff, AND did it with heart. It made my day." She finishes with; "Please convey to your folks how pleased I was to have had the opportunity to see Massachusetts EMS in its best light. It is a moment that will keep me going for quite some time."

NICE JOB FTO Patrick Palermo, EMT-P, Steve Dinis, EMT and Cambridge Fire Department, Lt Chris Melendy EMT, FF Larry Pachos, EMT, FFOP Bill Barry EMT-P, Rescue Co. 1, Acting Lt. Kurt McLaughlin EMT, FF's John Mulligan EMT, Ed Fales EMT-P and FFOP Jeff Mc Gourty EMT-P

# Back to Basics

## Why keep the Ambulance Clean?

Well, it would be pretty embarrassing if the mother of her sick child happened to jump in the front passenger side of the ambulance only to see coffee cups, dirty gloves, containers of food open on the floor and what else she might find disturbing. Ok, an empty or half cup of coffee isn't so bad but I'm not so sure of the "dirty gloves" left in the passenger floor... Please throw your trash out on a timely manner.

How about at the end of shift. You probably started your day off with a pretty clean ambulance, at least we hope you did. Lets just say you did, it would be nice and respectful to your colleagues if you returned the favor. I don't think it's anyone's duty but your own to take your own trash out.

The back of the ambulance is often occupied during anyone's shift short or long and a lot of treatments could be provided at various levels of care. Of course this could mess up the back of the ambulance and most of us do the best we can to clean up after ourselves. In such cases as in trauma calls, the back of the rig could get even more "messed" up then we realize. Please make an extra effort to ensure that the floor, walls and anything you touched during the call is cleansed well.

It might be a pain in the butt to clean your windshields, side windows and the side mirrors but it's not only to show the public that we respect how we look in our clean rigs but to also provide the visibility for the driver. A windshield that is dirty could only be trouble when the sun hits it. Dirty mirrors is just not a good idea especially in cases where your partner is caring for a patient and you need to back up without a spotter.

Most employees who take the time to clean their ambulances respects their "office". It's where they work well and show how well they work. They present themselves as professionals who chose a job they like. No job is perfect but why not make the best of yours, start by keeping your ambulance clean.

Thanks





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CPD Website:

[www.cambridgepolice.org](http://www.cambridgepolice.org)

## Cambridge Police Department

5 Western Avenue, Cambridge, Massachusetts 02139



Police Commissioner: Ronnie Watson

ECC Website:

[www.cambridge911.org](http://www.cambridge911.org)



Any emergency call 911



CFD Website:

[www.cambridgefire.org](http://www.cambridgefire.org)



## Cambridge Fire Department

A CLASS 1 FIRE DEPARTMENT

Headquarters  
491 Broadway  
Cambridge, MA 02138



### PRO'S MISSION STATEMENT

**PRO's Mission is to Provide Superior Emergency Medical Services...From Our Patient's Point of View.**

**PRO is committed to delivering high-performance ambulance service by achieving:**

The Highest Levels of Clinical Excellence;  
Response Time Reliability;  
Economic Efficiency; and  
Customer Satisfaction.

**PRO will measure all of these system elements from the perspective of our patients and customers while working continuously to improve on each and every one of them.**